MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR US TH FORM PTO-875)

SERIAL NO. 10/528682 APPLICANT

FILING DATE

ŀ		CLAIMS													
Į.	•	ASI	AS FILED		AFTER		AFTER		<u> </u>						
I		IND.	IND. DEP.		I"AMERIJANT		2 AMENDASENT		1	as filed		AFTER I AMENDMENT		AFTER	
Ŀ	1	1	DEP.	IND.	DEP.	IND.	DEP.	· .		IND.	DEP.	IND.			HOMENT
	2		7		7	 -i	-	.	51		DEL	HAD.	DEP.	IND.	DEP.
F	3						 		52						
	5	 		·	7.				53 54	 		·			
1	6				· t				55	 					
	7								56						
	. 8			-					57						-
⊢	9 .	 			- /-				58						
-	10 11				/			· }	59 60	 					
	12		-5-		-4.1				61						
	13		7		au				62						
	14				7		—	ŀ	63						
	15 16		4,					ŀ	65	 					· [
	17	- /- 	-4-					· F	66	 					
	18		7-1		╌┾╌╂╴				67					$-\Box$	
	19		7 .		- / 	╌┼		. [68					 -	
	20 21		7					⊢	69 70						
	22							-	71	- 					
	23	- / 		- /- -				· [72		 -				
	24		7	-/	-,-				73						<u> </u>
	15		7		7		─		74 75						
1-4	7		-/- -		/			F	76						
	8								77	-					
2	9		- 	 -	. 				78						
3	<u>•</u>		I		7		 ·	-	79 80					-:-	
3								F	81						
3	3	-/- -							82			 -			
3	4		10		4.			• =	83						
3			10.		4				84						
37			10		4				85 86						
38	-		1.0	-	4.				87						
39			- -		-	 -			88						
40						 -		1	89						
41			工						90			<u>[</u>			
43		- -							22	 -					
44)3						
. 45							$\overline{}$		14						
46									6						
47		- -							7	 					_
49			 				\exists	9	8				 		
50				- - -		 - -		9							
TOTALI	MD.	1	1 Q	1				_10							
TOTAL D	EP		: 42		-	۲ لنــ		TOTAL			F		F	1	
TOTAL					32	Recei		TOTAL				.4		<u></u>	
CLAIM					- 4			<u>av</u>							
170-1	360 (REV	. 11.04)	. 3	U			·.			U.S. Di Falcat	EPARTMENT	of COMME	RCE .	- Paramour	7